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Sul	bstitute for form 1449/PTO			Complete if Known		
				Application Number	10/588,046-Conf. #5032	
	VFORMATION	I DI	SCLOSURE	Filing Date	August 1, 2006	
S	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Volker Kronseder	
				Art Unit	3651	
	(Use as many she	eets as	s necessary)	Examiner Name	W. R. Harp	
Sheet	1	of	3	Attorney Docket Number	30051/42015	

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear				
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Examiner	Date	
Signature	Considered	

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0.5.5				Application Number	10/588,046-Conf. #5032	
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				Art Unit	3651	
	(Use as many she	eets as	s necessary)	Examiner Name	W. R. Harp	
Sheet	2	of	3	Attorney Docket Number	30051/42015	

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Sheet	3	of	3	Attorney Docket Number	30051/42015	

Examiner	Cite	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of	
Initials	No. ¹	the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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